



Verification Form – V3

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The Financial Aid Office will compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent (if a dependent student) must complete and sign this form, attach any required documents, and submit the form and other required documents to the Financial Aid Office. Incomplete forms or forms without required documentation will not be accepted. Please complete sections A-E in black or blue ink. If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

A. Student's Information

El Camino College ID # Last 4 Digits of Social Security Number Date of Birth (mm/dd/yyyy)
Last Name First Name Middle Name

B. Student's Family Information

Please check the box that indicates your current status. Write the names of all household members below. Attach a separate page if needed. Also write the name of the college for any household member, excluding your parent(s) who will be attending college at least half time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program.

Dependent Student\*

Please include:

- Yourself and your legal parent(s) (biological, adoptive, or as determined by the state), even if you don't live with your parents. Grandparents, foster parents, legal guardians, widowed stepparents, aunts and uncles are not considered parents on this form unless they have legally adopted you. If your legal parents are married to each other, or are not married to each other and live together, answer the questions about both of them; and
• Your parent(s)' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) the children would be required to provide parental information when applying for Federal Student Aid; and
• Other people if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2015 through June 30, 2016; and
• Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015 and June 30, 2016. Attach a separate page if needed.

\* A student is considered dependent if he/she was required to provide parental data on the FAFSA

Independent Student\*\*

Please include:

- Yourself and your spouse, if married; and
• Your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, even if they do not live with you; and
• Other people if they now live with you AND you provide more than half of their support AND will continue to provide more than half of their support from July 1, 2015 through June 30, 2016; and
• Include the name of the college for any household member(s) enrolled at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015 and June 30, 2016. Attach a separate page if needed.

\*\*A student is considered independent if he/she was not required to provide parental data on the FAFSA

(continued next page)

Student's Name: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

Student's Family Information (continued)

| Full Name                    | Age       | Relationship  | College                   | Will be Enrolled at Least Half-Time |
|------------------------------|-----------|---------------|---------------------------|-------------------------------------|
| <i>Missy Jones (example)</i> | <i>18</i> | <i>Sister</i> | <i>Central University</i> | <i>Half-Time</i>                    |
|                              |           | <i>Self</i>   |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |
|                              |           |               |                           |                                     |

C. SNAP Information to Be Verified

✓ **Check the box below if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years.**

One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015.

D. Child Support Information to Be Verified

✓ **Check the box below and complete section below if child support was paid in 2014.**

You or your spouse, if independent, or one (or both) of your parents, if dependent, listed in Section B of this worksheet paid child support in 2014. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and last 4 digits of Social Security Number at the top.*

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2014 |
|---------------------------------------|---|---|--------------------------------------|
| <i>Marty Jones (example)</i>          | <i>Chris Smith</i>                            | <i>Terry Jones</i>                      | <i>\$6,000.00</i>                    |
|                                       |   |   |                                      |
|                                       |   |   |                                      |

E. Statement of Educational Purpose/Certification and Signatures

I/we certify that all of the information reported on this verification worksheet is complete and correct and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending El Camino College for the 2015-2016 Award Year. The student and one parent (if a dependent student) must sign and date below.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**